

# Harnessing the Power of Medical Twitter for Mentorship

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Medical professionals and trainees<sup>1,2</sup> have adopted the use of Twitter<sup>3</sup> for medical education,<sup>4,5</sup> support, and advocacy, which has resulted in an online community often referred to as *Medical Twitter* (colloquially as *#MedTwitter*). The authors recognize an emerging utility of Medical Twitter in mentorship, coaching, and sponsorship, which has only become more necessary in the current climate of social distancing. We will discuss opportunities to use Twitter to enhance and promote mentoring relationships in medicine, particularly for those trainees from diverse and underrepresented backgrounds who might not otherwise find mentors in their institutions.

## Diversity, Inclusion, and Hierarchy in Medicine

Medicine remains a field steeped in hierarchy and plagued by inequity and a lack of diversity. Despite making up over a quarter of the population of the United States, underrepresented minorities (URMs) make up less than 13% of all students enrolled in US MD-granting medical schools.<sup>6</sup> More than half of all medical students are now women, although only about 34% of US physicians and only 15% of deans and department chairs are women.<sup>7</sup> This lack of diversity is particularly striking for Black men, who, according to a 2018 report by the Association of American Medical Colleges, make up only 2.3% of active US physicians.<sup>8</sup> Fear of deviance from traditional standards of performance<sup>9</sup> may discourage URMs or women from seeking mentorship, limiting the potential for professional growth. Fear of approaching someone with more power in a hierarchical system might also make finding a mentor challenging. Twitter decreases both of these barriers by flattening the hierarchy and removing the pressures of clinical and academic evaluation from interpersonal relationships. Additionally, given these persistent gaps in representation, campaigns such as *#ILookLikeASurgeon*, *#BlackMenInMedicine*, and *#DocsWithDisabilities* are important steps in promoting visibility of physicians not conforming to stereotypes,

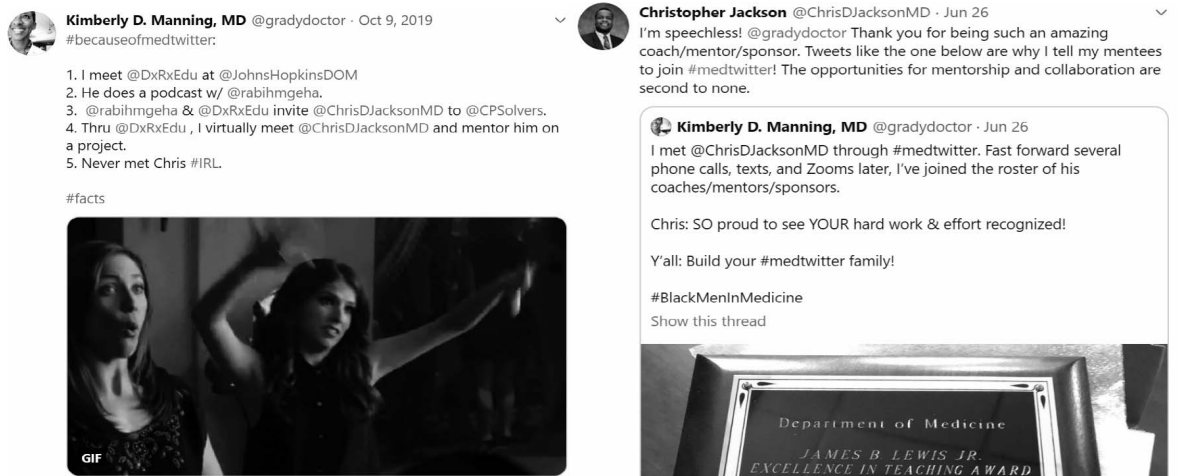
and they can also be used by mentees to find others with shared experiences, derive encouragement, and develop professional connections.<sup>10</sup> *#BlackMenInMedicine*, for example, had a more than 10-fold increase in usage during the *#ShareTheMicNowMed* campaign on June 26, 2020.<sup>11</sup>

Twitter can also expand one's pool of mentors and perspectives by serving as a vehicle for access to information and education, career opportunities, different perspectives, and communities of support.<sup>12</sup> Importantly, these connections are not hampered by distance. This may be especially beneficial for URMs or women who feel they lack adequate mentorship at their home institutions.<sup>13,14</sup> Underrepresented faculty at less diverse institutions may also feel overburdened in the task of improving diversity by taking on heavier workloads in mentoring, advising, and outreach, often referred to as the *minority tax*.<sup>15,16</sup> Twitter provides an opportunity to more evenly distribute mentorship among URMs in medicine and to mass-mentor or coach multiple individuals simultaneously due to its public accessibility.

Twitter may paradoxically encourage more human connection than traditional mentoring relationships. Even before the first conversation, one can gain insight into the mind of a mentor online via a review of tweets and not be constrained by the time limits of in-person interactions. Teaching time is unlimited, and Tweetorials and journal clubs can both be discussed in real-time and shared for later review. Liking a tweet or sending a direct message may also facilitate connection with those who might otherwise intimidate. Showing support by amplifying a new paper or award by a mentee is also very easy. The community created within the platform may also enable healthy vulnerability in mentor-mentee relationships with stories shared of personal struggles with, for example, mental health.

## Toward Improving Mentorship and Beyond on #MedTwitter

Mentorship in medicine has been traditionally viewed as an in-person, role-modeling, and/or guidance-based, longitudinal relationship between the mentor and mentee. Twitter, however, can quickly and



**FIGURE 1**  
Utilization of Twitter to Connect Mentees With Mentors<sup>a,b</sup>

<sup>a</sup> @gradydoctor. “#becauseofmedtwitter.” Twitter. October 9, 2019. <https://twitter.com/gradydoctor/status/1182101208938565632>. (Permission for use granted June 29, 2020.)

<sup>b</sup> @ChrisDJacksonMD. “I’m speechless.” Twitter. June 26, 2020. <https://twitter.com/ChrisDJacksonMD/status/1276583035169910789>. (Permission for use granted June 29, 2020.)

simultaneously move into more relational domains, including coaching and sponsorship (FIGURES 1 and 2). For example, the authors have experienced traditional mentorship as well as coaching and sponsorship from and by each other. In fact, for most of us, the initial point of introduction to each other was via Twitter, and the idea for this article was generated from a conversation over direct messaging.

With the potential benefits of this platform, we recommend actively seeking out and cultivating

mentorship on Twitter. The first step is encouraging participation on the platform itself. While many in medicine discourage or fear professional social media use, we posit that effective use of social media is an important subcompetency of professionalism and interpersonal skills, and we should, instead, invite trainees to participate in the conversations happening online. *Tweet-ups* at national meetings, where in-person meetings are facilitated by established online relationships, are examples of evolving mentorship in action,



**FIGURE 2**  
Examples of Sponsorship Using Twitter<sup>a,b</sup>

<sup>a</sup> @sue\_bornstein. “#IMProud.” Twitter. June 10, 2020. [https://twitter.com/sue\\_bornstein/status/1270875514044112899](https://twitter.com/sue_bornstein/status/1270875514044112899). (Permission for use granted July 2, 2020.)

<sup>b</sup> @WhiteCoatDiary. “This #followfriday, introduce me to more #medtwitter of color.” Twitter. June 5, 2020. <https://twitter.com/WhiteCoatDiary/status/1268982134108192768>. (Permission for use granted July 2, 2020.)

and in the age of social distancing, video chats could be more interactive. We should also encourage faculty to establish themselves online with open and regular discussion of Twitter's professional advantages. Taking this a step further, residency programs and medical schools may, for example, host Twitter workshops for their residents and faculty to help them get started. We should also continue to create ways to interact more easily online. As another example, intentional mentorship programs, perhaps guided by a specific hashtag, could serve to bring suitable mentors and mentees together. To facilitate the development of these relationships, willing mentors need to make themselves available and visible. This could occur simply by mentors and mentees updating their Twitter bios with their professional interests and willingness to mentor and be mentored, respectively. Mentors should advocate for and sponsor their mentees by retweeting their scholarship and promotions, shouting out their accolades and work, and tagging others in the relevant field to draw attention. They may also help their mentees network and ask for additional expertise.

It is important to note that, as with all social interactions, conflicts may arise from the diverse individuals who use Twitter. Bullying and intimidation, often referred to as *trolling*, can occur and can harm one's professional identity.<sup>14</sup> Mentors should watch out for these types of attacks and help defuse or defend mentees and offer guidance on professional recovery. Users must also realize that online activity is alive and can resurface indefinitely: consider current and future implications of what is shared in this public domain prior to entering the online space.

## Conclusions

The use of Twitter within the medical community has grown rapidly, beyond unique access to education and perspectives, and into mentoring, coaching, and sponsorship. While much has already been accomplished in this respect, work remains to be done. Twitter may be leveraged to facilitate relationships among minority groups who may otherwise struggle in their own institutions to find the unique mentorship that would most benefit them when left to traditional methods. The COVID-19 pandemic has amplified the value of social media in fostering connection in a socially distanced world, and mentorship within this space is likely to continue to grow and flourish.

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